ومان ويلاد ورسيطان وعراري ويواد التهام والتعلق في ويصحب ومعرف والتعلق والتعلق والتعلق والتعلق والتعلق

. ~ r	Under the Paperwork Re	ss it display	ys a valid OMB co	ntrol number.				
	PAIEN	Substitute for	E DETERMINATION or Form PTO-875		89			
_	C	LAIMS AS FILED - PA	ART I (Column 3)	SMALL ENTITY	OR	OTHER SMALL E		
Ì	FOR	NUMBER FILED	NUMBER EXTRA	RATE FEE		RATE	FEE	
	BASIC FEE (37 CFR 1.16(a))			325	OR		<u>.790.</u> 00	
* *	TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 ¤	•	x 25=	OR	x :50 =	·	
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =		×:100	OR	x:20€		
器	MULTIPLE DEPENDENT C	LAIM PRESENT (37 CI	FR 1.16(d))	-: <u>18</u> 0	OR	+.360		
ST	* If the difference in colum	n 1 is less than zero, enter '	"0" in column 2.	TOTAL	OR	TOTAL		
\triangleright		IS AS AMENDED - F	•			•		
≶	1/1/00	Column 1)	(Column 2) (Column 3)	SMALL ENTITY	OR	OTHER SMALL E		
BEST AVAILABLE COPY	-	AFTER PI	HIGHEST NUMBER PRESENT REVIOUSLY EXTRA PAID FOR	RATE ADDI- TIONAL FEE	i in li	E-DATE - IF	TIONAL FEE	আভাণ
윤	Total (a) CFR (1.16(c))	MENDMENT Minus		х 🕳 Б =	OR	x.50₌		
	Lindependent (1)	Minus ***	. 7' =	× • 400	OR	x:200		
$\sim 20^{\circ}$	FIRST PRESENTATIO	N OF MULTIPLE DEPENDENT	CLAIM (37 CFR 1.16(d))	+:/8@	OR	+.360		
¥				TOTAL ADD'L FEE	OR	TOTAL ADD'L FEE		
~	(0	Column 1)	(Column 2) (Column 3)		·	·		
			HIGHEST NUMBER REVIOUSLY PAID FOR	RATE ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total *	Minus **	=	x . <u>25</u>	OR	x \$50		
	Total (37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	Minus **		× : 100	OR	× 900		
	FIRST PRESENTATION	N OF MULTIPLE DEPENDENT	CLAIM (37 CFR 1.18(d))	+.180	OR	035.+		
,				TOTAL ADD'L FEE	OR	TOTAL ADD'L FEE		
	, (i	Column 1)	(Column 2) (Column 3)		_			
	E	CLAIMS EMAINING AFTER P MENDMENT	HIGHEST NUMBER PRESENT REVIOUSLY EXTRA PAID FOR	RATE ADDI- TIONAL FEE		RATE .	ADDI- TIONAL: FEE	
	Total *	Minus **		x : 25 =	OR	x . 50₌		
	Independent (37 CFR 1.16(b))	: Minus: .**		x 1,000	OR	.: <u>5</u> 00		L.C.
	FIRST PRESENTATION	ON OF MULTIPLE DEPENDENT	CLAIM (37 CFR 1.16(d))	+,180	OR	1,360		
			column 2, write "0" in column	TOTAL ADD'L FEE	OR	TOTAL ADD'L FEE		

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLIC	ATION FEE DET	ERMINATION RECORD
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Effective January 1, 2003

Application or Docket Number

NOCODEZOUSCI

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE (OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			20,					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			رح minus 20=		. 9			X\$ 9=		OR	X\$18=	162
<u> </u>	EPENDENT CI		7 minus 3 =		L	4		X42=		OR	X84≈	336
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	-
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	1247
	C	(Column 1)	MENDED - PART II (Column 2) (Column 3)				SMALL ENTITY OR			OTHER THAN SMALL ENTITY		
4		CLAIMS		HIGH	EST	7	1		ADDI-			ADDI-
ENT		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT A	Total	•	Minus	±x.		=	П	X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MI	Minus	***	. 01 4114	=		X42=		OR	X84=	
لبا	rinsi rhese	INTATION OF ME	JETIPLE UE	PENUENI	CLAIM		J	+140=		OR	+280=	·
				•				TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)										ADDII. 1 CE.		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•	Minus	24		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	DENDENG	. C) Alla	-	11	X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT: FEE	
		(Column 1)		(Colur	nn 2)	(Column 3)			_			
AMENDMENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		a ·	11	X\$ 9=		OR	X\$18=	, , , ,
	Independent	*	Minus	***		2		X42=		1.4	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					J			OR	7.043		
• 1	f the entry in colu	mn 1 is less than It	ne entry in col	umn 2 write	*0° in ~	humn 3		+140≐		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												